

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90067 018 ***150.00



DOCUMENT # P97000003073

1. Entity Name

JUL TEL CORP.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1000 Quayside Terrace

3. Mailing Address
same

Suite, Apt. #, etc.
Suite 603

Suite, Apt. #, etc.

City & State
Miami, Florida

City & State

4. FEI Number 650719235

Applied For
Not Applicable

Zip
33138

Country
United States

Zip

Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

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200006533

7. Name and Address of Current Registered Agent

Name SPIEGEL & UTRERA, P.A.

Street Address (P.O. Box Number is Not Acceptable)

1840 Coral Way, 4th Floor

City Miami

FL

Zip Code
33145

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IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept, the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00
Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
	PD Julius Telowitz	1000 Quayside Terrace, Suite 603	Miami, Florida 33138				
	V Fay Telowitz	1000 Quayside Terrace, Suite 603	Miami, Florida 33138				
	S Gail Atterman	1000 Quayside Terrace, Suite 603	Miami, Florida 33138				

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IN THIS SPACE**

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Julius Telowitz

Julius Telowitz, President

Date Daytime Phone #